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Screening adults for depression in primary care

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Introduction

Does screening for depression help improve the outcome for people suffering from depression? The Institut national de santé publique du Québec[1] published a synthesis of recommendations from three organizations with an expertise in depression screening: the UK National Screening Committee (UK NSC), the U.S. Preventive Services Task Force (USPSTF) and the Canadian Task Force on Preventive Health Care. These organizations take a systemic look at depression screening, thereby taking into account clinical, methodological and economic considerations as well as the organization of services. Their findings are summarized below. The following addresses depression screening for adults in the general population and perinatal women who use primary care services.

Assessment and recommendations from the organizations

The UK National Screening Committee (UK NSC) uses scientific evidence to assess the relevance, effectiveness and implementation of screening. It also makes screening recommendations. The UK NSC has identified criteria for assessing a screening program's relevance, effectiveness, implementation and maintenance. See the complete list here†. Their recommendations are based on three systematic reviews.[2,3,4]

Providing preventive measures that target mental health determinants remains relevant.

The U.S. Preventive Services Task Force (USPSTF) makes recommendations on various preventive health care measures for primary care clinicians. Their recommendations on routine depression screening are based on two systematic reviews[5,6] and focus on asymptomatic adult populations, including the elderly, but excluding pregnant women.

Finally, the mandate of the Canadian Task Force on Preventive Health Care is "developing and disseminating clinical practice guidelines for primary and preventive care, based on systematic analysis of scientific evidence.[7]" The task force's recommendations on routine depression screening in a primary care setting apply to asymptomatic adults. They are also based on a systematic review.[8]

General populaton	Perinatal women
United Kingdom	
Systematic population screening program not recommended.	A screening program for postnatal depression is not recommended. The evidence does not support use of current screening tools or means of implementation.
United States	
The USPSTF recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment and follow-up. Grade: B recommendation. The USPTF recommends against routinely screening adults for depression when staff-assisted depression care supports are not in place. There may be considerations that support screening for depression in an individual patient. Grade: C recommendation.	No recommendation.

We cannot conclude that screening programs improve outcomes for people with depression.

Canada		
For adults at average risk of depression, we recommend not routinely screening for depression (weak recommendation, very-low-quality evidence).	For adults in subgroups of the population who may be at increased risk of depression, we recommend not routinely screening for depression (weak recommendation, very-low-quality evidence). Clinicians should be alert to the possibility of depression, especially in patients with characteristics that may increase the risk of depression, and should look for it when there are clinical clues, such as insomnia, low mood, anhedonia (inability to take pleasure in normally enjoyable activities) and suicidal thoughts.	

Limitations of the research

The USPSTF recommends screening when staff-assisted depression care support is available to primary care clinicians to ensure accurate diagnosis and follow-up. However, when screening is part of a larger process, scientific evidence is lacking to assess whether the screening component of these programs significantly and specifically contributes to their effectiveness. Moreover, while the population's prevalence for depression is high, it is still too small, considering the performance of available tools (sensitivity and specificity[3]), for screening tests to achieve an acceptable positive predictive value, which is about 50%. This means only one in two people with a positive screening test result would be considered depressed. These false positives can lead to unnecessary worries and procedures for patients in good health, not to mention the additional costs to the health care system, since each patient with a positive result would then have to be evaluated.

Conclusion

Given the evidence that supports the recommendations, we cannot conclude that screening programs improve outcomes for people with depression. As the Canadian Task Force points out, it is the clinician's responsibility to determine whether discussing depression with a given patient is appropriate. Furthermore, the literature cited above emphasizes the need to make additional and concerted efforts to make identifying people likely to suffer from depression easier, provide adequate treatment and improve adherence to treatment. Also, providing preventive measures that target mental health determinants remains relevant.

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† http://www.screening.nhs.uk/policydb.php?policy_id=6

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